

(Official Form B1) (12/03)

FORM B1		United States Bankruptcy Court Northern District of Illinois		Voluntary Petition																	
Name of Debtor (if individual, enter Last, First, Middle): Hood, Leonard			Name of Joint Debtor (Spouse) (Last, First, Middle): Hood, Sabrina																		
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):																		
Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): xxx-xx-0159			Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): xxx-xx-7761																		
Street Address of Debtor (No. & Street, City, State & Zip Code): 455 E. 160th South Holland, IL 60473			Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 455 E. 160th South Holland, IL 60473																		
County of Residence or of the Principal Place of Business: Cook			County of Residence or of the Principal Place of Business: Cook																		
Mailing Address of Debtor (if different from street address):			Mailing Address of Joint Debtor (if different from street address):																		
Location of Principal Assets of Business Debtor (if different from street address above):																					
Information Regarding the Debtor (Check the Applicable Boxes)																					
Venue (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.																					
Type of Debtor (Check all boxes that apply) <input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____ <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank			Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13																		
Nature of Debts (Check one box) <input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business			Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only.) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.																		
Chapter 11 Small Business (Check all boxes that apply) <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)																					
Statistical/Administrative Information (Estimates only) <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY																
Estimated Number of Creditors																					
Estimated Assets																					
Estimated Debts																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">1-15</td> <td style="width: 12.5%;">16-49</td> <td style="width: 12.5%;">50-99</td> <td style="width: 12.5%;">100-199</td> <td style="width: 12.5%;">200-999</td> <td style="width: 12.5%;">1000-over</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>					1-15	16-49	50-99	100-199	200-999	1000-over	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
1-15	16-49	50-99	100-199	200-999	1000-over																
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">\$0 to \$50,000</td> <td style="width: 12.5%;">\$50,001 to \$100,000</td> <td style="width: 12.5%;">\$100,001 to \$500,000</td> <td style="width: 12.5%;">\$500,001 to \$1 million</td> <td style="width: 12.5%;">\$1,000,001 to \$10 million</td> <td style="width: 12.5%;">\$10,000,001 to \$50 million</td> <td style="width: 12.5%;">\$50,000,001 to \$100 million</td> <td style="width: 12.5%;">More than \$100 million</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>					\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">\$0 to \$50,000</td> <td style="width: 12.5%;">\$50,001 to \$100,000</td> <td style="width: 12.5%;">\$100,001 to \$500,000</td> <td style="width: 12.5%;">\$500,001 to \$1 million</td> <td style="width: 12.5%;">\$1,000,001 to \$10 million</td> <td style="width: 12.5%;">\$10,000,001 to \$50 million</td> <td style="width: 12.5%;">\$50,000,001 to \$100 million</td> <td style="width: 12.5%;">More than \$100 million</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>					\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Document Page 2 of 52 Hood, Leonard Hood, Sabrina		FORM B1, Page 2	
Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)					
Location Where Filed: - None -		Case Number:		Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)					
Name of Debtor: - None -		Case Number:		Date Filed:	
District:		Relationship:		Judge:	
Signatures					
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.			Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		
X /s/ Leonard Hood Signature of Debtor Leonard Hood			Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.		
X /s/ Sabrina Hood Signature of Joint Debtor Sabrina Hood			X /s/ Ernesto D. Borges, Jr. October 7, 2005 Signature of Attorney for Debtor(s) Date Ernesto D. Borges, Jr.		
Telephone Number (If not represented by attorney) October 7, 2005 Date			Exhibit C Does the debtor own or have possession of any property that poses a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No		
Signature of Attorney X /s/ Ernesto D. Borges, Jr. Signature of Attorney for Debtor(s) Ernesto D. Borges, Jr. 6189298 Printed Name of Attorney for Debtor(s) The Law Offices of Ernesto D. Borges Jr., P.C. Firm Name 105 West Madison, 23rd Floor Chicago, IL 60602 Address Email: EBorges105@aol.com 312/853-0200 Fax: 312/853-3130 Telephone Number October 7, 2005 Date			Signature of Non-Attorney Petition Preparer I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document. Printed Name of Bankruptcy Petition Preparer Social Security Number (Required by 11 U.S.C. § 110(c).) Address Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:		
Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.			If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.		
X Signature of Authorized Individual Printed Name of Authorized Individual Title of Authorized Individual Date			X Signature of Bankruptcy Petition Preparer Date A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.		

United States Bankruptcy Court
Northern District of Illinois

In re **Leonard Hood,
Sabrina Hood**

Debtors

Case No. _____

Chapter **13**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities.

			AMOUNTS SCHEDULED		
NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	138,821.00		
B - Personal Property	Yes	3	23,181.67		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		162,855.00	
E - Creditors Holding Unsecured Priority Claims	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	15		38,422.26	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			4,450.99
J - Current Expenditures of Individual Debtor(s)	Yes	1			2,000.00
Total Number of Sheets of ALL Schedules		28			
Total Assets			162,002.67		
Total Liabilities				201,277.26	

In re **Leonard Hood,
Sabrina Hood**

Case No. _____

Debtors

SCHEDULE A. REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. (See Schedule D.) If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
Real estate located at 455 E. 160th, South Holland IL 60473 (Debtor's residence)	Fee Simple	J	138,821.00	136,955.00

Sub-Total > **138,821.00** (Total of this page)

Total > **138,821.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Leonard Hood,
Sabrina Hood**

Case No. _____

Debtors

SCHEDULE B. PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking acctnt w/Us Employess Credit Union	H	50.00
		Savings acctnt w/Chicago Post Office Credit Union	H	80.00
		Checking Account/LaSalle Bank	W	1.67
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Miscellaneous used household goods	J	300.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Miscellaneous books, tapes, CD's, etc.	-	25.00
6. Wearing apparel.		Personal Used Clothing	-	400.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Term Life Insurance w/ Employer - no cash surrender value	H	0.00
		Term-life policy through employer -no cash surrender value	W	0.00

Sub-Total > **856.67**
(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

In re **Leonard Hood,
Sabrina Hood**

Case No. _____

Debtors

SCHEDULE B. PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
10. Annuities. Itemize and name each issuer.	X			
11. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.	X			
12. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
13. Interests in partnerships or joint ventures. Itemize.	X			
14. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
15. Accounts receivable.	X			
16. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
17. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
18. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
19. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			

Sub-Total > **0.00**
(Total of this page)

Sheet 1 of 2 continuation sheets attached
to the Schedule of Personal Property

In re **Leonard Hood,
Sabrina Hood**

Case No. _____

Debtors

SCHEDULE B. PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
20. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
21. Patents, copyrights, and other intellectual property. Give particulars.	X			
22. Licenses, franchises, and other general intangibles. Give particulars.	X			
23. Automobiles, trucks, trailers, and other vehicles and accessories.		2002 Mistubishi Montero Sport with 50k in mileage on vehicle	-	16,625.00
		2001 Chevy Cavalier with 67k in mileage on the vehicle	J	5,700.00
24. Boats, motors, and accessories.	X			
25. Aircraft and accessories.	X			
26. Office equipment, furnishings, and supplies.	X			
27. Machinery, fixtures, equipment, and supplies used in business.	X			
28. Inventory.	X			
29. Animals.	X			
30. Crops - growing or harvested. Give particulars.	X			
31. Farming equipment and implements.	X			
32. Farm supplies, chemicals, and feed.	X			
33. Other personal property of any kind not already listed.	X			

Sub-Total > **22,325.00**
(Total of this page)
Total > **23,181.67**

Sheet 2 of 2 continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

In re **Leonard Hood,
Sabrina Hood**

Case No. _____

Debtors

SCHEDULE C. PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:

[Check one box]

- ☐ 11 U.S.C. §522(b)(1): Exemptions provided in 11 U.S.C. §522(d). Note: These exemptions are available only in certain states.
- ☒ 11 U.S.C. §522(b)(2): Exemptions available under applicable nonbankruptcy federal laws, state or local law where the debtor's domicile has been located for the 180 days immediately preceding the filing of the petition, or for a longer portion of the 180-day period than in any other place, and the debtor's interest as a tenant by the entirety or joint tenant to the extent the interest is exempt from process under applicable nonbankruptcy law.

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Market Value of Property Without Deducting Exemption
<u>Real Property</u>			
Real estate located at 455 E. 160th, South Holland IL 60473 (Debtor's residence)	735 ILCS 5/12-901	7,500.00	138,821.00
<u>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</u>			
Checking acct w/Us Employess Credit Union	735 ILCS 5/12-1001(b)	50.00	50.00
Savings acct w/Chicago Post Office Credit Union	735 ILCS 5/12-1001(b)	80.00	80.00
Checking Account/LaSalle Bank	735 ILCS 5/12-1001(b)	1.67	1.67
<u>Household Goods and Furnishings</u>			
Miscellaneous used household goods	735 ILCS 5/12-1001(b)	300.00	300.00
<u>Books, Pictures and Other Art Objects; Collectibles</u>			
Miscellaneous books, tapes, CD's, etc.	735 ILCS 5/12-1001(b)	25.00	25.00
<u>Wearing Apparel</u>			
Personal Used Clothing	735 ILCS 5/12-1001(a)	400.00	400.00

Form B6D
(12/03)

In re **Leonard Hood,
Sabrina Hood**

Case No. _____

Debtors

SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
Account No. xxxxxx9201	J		2001 Chevy Cavalier with 67k in mileage on the vehicle				7,900.00	2,200.00
Citifinancial Auto P.O. Box 8021 South Hackensack, NJ 07606								
Value \$ 5,700.00								
Account No. xxx-xx-0159	J		205 First Mortgage Arrears Real estate located at 455 E. 160th, South Holland IL 60473 (Debtor's residence)				0.00	0.00
CitiMortgage 27555 Farmington Rd. Farmington, MI 48334								
Value \$ 138,821.00								
Account No. xxxxxxxx904-4	J		Real estate located at 455 E. 160th, South Holland IL 60473 (Debtor's residence)				136,955.00	0.00
Citimortgage, Inc P.O. Box 14451 Des Moines, IA 50306								
Value \$ 138,821.00								
Account No.			CitiMortgage, Inc. P.O. Box 183040 Columbus, OH 43218					
Additional Notice: Citimortgage, Inc								
Value \$								

1 continuation sheets attached

Form B6D - Cont.
(12/03)

In re **Leonard Hood,
Sabrina Hood**

Case No. _____

Debtors

SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
			DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN					
Account No.	J		Lien on Vehicle				18,000.00	1,375.00
Mitsubishi Motor Credit P.O. Box 0555 Carol Stream, IL 60132-0555			2002 Mistubishi Montero Sport with 50k in mileage on vehicle					
			Value \$ 16,625.00					
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					

Sheet **1** of **1** continuation sheets attached to
Schedule of Creditors Holding Secured Claims

Subtotal
(Total of this page)

18,000.00

Total
(Report on Summary of Schedules)

162,855.00

In re **Leonard Hood,
Sabrina Hood**

Case No. _____

Debtors

SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Repeat this total also on the Summary of Schedules.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,000* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a)(3), as amended by § 1401 of Pub L. 109-8.

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,925* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

☐ **Deposits by individuals**

Claims of individuals up to \$2,225* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

☐ **Alimony, Maintenance, or Support**

Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

*Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

Form B6F
(12/03)

In re **Leonard Hood,
Sabrina Hood**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xx-xxx9450 Associated St. James Radiologists P.O. Box 3597 Springfield, IL 62708	J	6/05 Medical Bills				8.10
Account No. xx-xxx4349 Associated St. James Radiologists P.O. Box 3597 Springfield, IL 62708	J	10/04 Medical Bills				16.90
Account No. xxx-xx-0159 AT & T Credit Management P.O. Box 57907 Salt Lake City, UT 84157	J	Utility Bills or Cellular Service				100.00
Account No. Additional Notice: AT & T Credit Management		NCO Financial Systems, Inc. 507 Prudential Road Horsham, PA 19044				
Subtotal (Total of this page)						125.00

14 continuation sheets attached

Form B6F - Cont.
(12/03)

In re **Leonard Hood,
Sabrina Hood**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. AXXXXXXXXXXXXXXXXXX0000 AT & T Long Distance Tertiary P.O. Box 57907 Salt Lake City, UT 84157	J	Utility Bills or Cellular Service				300.00
Account No. Additional Notice: AT & T Long Distance Tertiary		Allied Interstate 3200 Northline Ave. Greensboro, NC 27408				
Account No. 94CS53 Aurelia Pucinski 28 N. Clark Rm# 200 Chicago, IL 60602	J	Judgment				400.00
Account No. xxxx-xxxx-xxxx-5599 Capital One* P.O. Box 85520 Richmond, VA 23285		10/01 Credit Card or Credit Use				1,100.00
Account No. Additional Notice: Capital One*		NCO Financial Systems, Inc. 507 Prudential Road Horsham, PA 19044				
Sheet no. <u>1</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,800.00

Form B6F - Cont.
(12/03)

In re **Leonard Hood,
Sabrina Hood**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xx5420	J	02/04 Personal/Unsecured Loan				5,000.00
Chicago Post Office Employment Credit Union 10025 S. Western Ave. Chicago, IL 60643						
Account No. xxxx9198	J	Magazine/subscription				33.75
Chicago Tribune 435 N. Michigan Ave, Chicago, IL 60611						
Account No.		Merchants Credit Guide Co. Incor Executive Office 223 W. Jackson Blvd. Chicago, IL 60606				
Additional Notice: Chicago Tribune						
Account No. xxxxxxxxxxxx5536	J	7/96 Line of Credit				500.00
CitiFinancial 11436 Cronhill Dr. Owings Mills, MD 21117						
Account No.		LHR Inc. 56 Main Street Hamburg, NY 14075				
Additional Notice: CitiFinancial						
Sheet no. <u>2</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						5,533.75

Form B6F - Cont.
(12/03)

In re **Leonard Hood,
Sabrina Hood**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxx7501 Commonwealth Edison Bill Payment Center Chicago, IL 60668-0001	J		04/01 Utility Bills				800.00
Account No. Additional Notice: Commonwealth Edison			Harvard Collections 4839 N. Elston Chicago, IL 60630				
Account No. xFxxxxxx7280 Consultant in Pathology P.O. Box 9231 Michigan City, IN 46361	J		Medical Bill				270.00
Account No. xxxx6939 Direct TV PO Box 9001069 Louisville, KY 40290-1069			Cable				410.00
Account No. Additional Notice: Direct TV			RIDDLE & ASSOCIATES, P.C. P.O. BOX 1187 SANDY, UT 84091				
Sheet no. 3 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							1,480.00

Form B6F - Cont.
(12/03)

In re **Leonard Hood,
Sabrina Hood**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. x1682	J	04/05 Medical or Dental Services				91.00	
Dr. Edward M. Ruiz 17901 Governors Hwy Homewood, IL 60430							
Account No.		Highland Recovery P.O. Box 1541 Homewood, IL 60430					
Additional Notice: Dr. Edward M. Ruiz							
Account No. x1681	J	04/05 Dental Services				193.00	
Dr. Edward M. Ruiz 17901 Governors Hwy Homewood, IL 60430							
Account No.		Highland Recovery P.O. Box 1541 Homewood, IL 60430					
Additional Notice: Dr. Edward M. Ruiz							
Account No. xxxxxx6615	J	Medical Bill				215.00	
Emergency Care Health Organ., Ltd. 555 W. Court, Ste. 410 Kankakee, IL 60901							
Sheet no. <u>4</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	499.00

Form B6F - Cont.
(12/03)

In re **Leonard Hood,
Sabrina Hood**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			Creditors Collection Bureau, Inc. P.O. Box 63 Kankakee, IL 60901-0063				
Additional Notice: Emergency Care Health Organ., Ltd.							
Account No. x-xxxxxxx0101		J	1/04 Medical Bill				219.00
Emergency Care Physician Svcs. Dept 77 6989 Chicago, IL 60678							
Account No.			Dependon Collection 7627 W Lake St, Suite 210 River Forest, IL 60305				
Additional Notice: Emergency Care Physician Svcs.							
Account No. xxxxx9801		J	11/97 NSF Checks				200.00
Heritage Community Bank 550 W. Sibley Blvd. Dolton, IL 60419							
Account No.			CB USA, Inc. P.O. Box 8000 Hammond, IN 46325-9998				
Additional Notice: Heritage Community Bank							
Sheet no. 5 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							419.00

Form B6F - Cont.
(12/03)

In re **Leonard Hood,
Sabrina Hood**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No. xxx4600	J		7/03 Medical or Dental Services				400.00	
Ingalls Memorial Hospital 1 Ingalls Drive Harvey, IL 60426								
Account No.			MRSI 2200 E. Devon Ave. Des Plaines, IL 60018					
Additional Notice: Ingalls Memorial Hospital								
Account No. xxxxxxxx/xxxxx7761	J		Collection				Unknown	
JBC Legal Group, P.C. 2 Broad Street 6th Floor Bloomfield, NJ 07003								
Account No. xxxxx0159	J		NSF Check/Fees				165.65	
Jewel Food Stores c/o Heller & Frisone Ltd. 111 W. Washington St., Ste. 1650 Chicago, IL 60602								
Account No. xxxx1912	J		Medical or Dental Services				67.00	
Malhotra LLC P.O. Box 970 Matteson, IL 60443								
Sheet no. <u>6</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	632.65

Form B6F - Cont.
(12/03)

In re **Leonard Hood,
Sabrina Hood**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Additional Notice: Malhotra LLC		Van Ru Credit Corp. P.O. Box 1018 Matteson, IL 60443				
Account No. xxGxx3737 Malhotra LLC P.O. Box 970 Matteson, IL 60443	J	Medical or Dental Services				15.00
Account No. xxGxx4406 Malhotra LLC P.O. Box 970 Matteson, IL 60443	J	Medical or Dental Services				300.00
Account No. xxxxxx2137 Midland Credit Management Inc. Department 8870 Los Angeles, CA 90084-8870	J	Personal/Unsecured Loan				300.00
Account No. xxx3837 Midwest Physician Group P.O. Box 95401 Chicago, IL 60694	J	9/04 Medical or Dental Services				302.00
Sheet no. <u>7</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						917.00

Form B6F - Cont.
(12/03)

In re **Leonard Hood,
Sabrina Hood**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Illinois Collection Service, Inc.				
Additional Notice: Midwest Physician Group		P.O. Box 646 Oak Lawn, IL 60454				
Account No. Mxxxxxx0119		04/05 Medical or Dental Services				
Midwest Physician Group P.O. Box 95401 Chicago, IL 60694	J					45.00
Account No.		ICS Collection Service				
Additional Notice: Midwest Physician Group		P.O. Box 646 Oak Lawn, IL 60454-0646				
Account No. xxx-xxx6890		Deficiency on Repossessed/Surrendered Vehicle				
Mitsubishi Motor Credit P.O. Box 0555 Carol Stream, IL 60132-0555	J					20,000.00
Account No. NCO-ICS 8/		9/98 NSF Check				
Payless 3231 S. E. 6th Ave. Topeka, KS 66607	J					135.76
Sheet no. 8 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						20,180.76

Form B6F - Cont.
(12/03)

In re **Leonard Hood,
Sabrina Hood**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Additional Notice: Payless						
Account No. xxxxxx8831						
Quest Diagonstics P.O. Box 64804 Baltimore, MD 21264-4804		J				
						35.00
Account No.						
Additional Notice: Quest Diagonstics						
Account No. xxxxxxx1600						
Quest Diagonstics P.O. Box 64804 Baltimore, MD 21264-4804		J				
						6.35
Account No.						
Additional Notice: Quest Diagonstics						
Sheet no. 9 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						41.35

Form B6F - Cont.
(12/03)

In re **Leonard Hood,
Sabrina Hood**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxx0216 Quest Diagnostics P.O. Box 64804 Baltimore, MD 21264-4804		J	08/04 Medical or Dental Services				19.00
Account No. Additional Notice: Quest Diagnostics			AMCA Collection Agency RE: QUEST DIAGNOSTICS, INC, P.O. Box 1235 Elmsford, NY 10523				
Account No. xxx-xxx-xxxx-8400 SBC Bill Payment Center Saginaw, MI 48663		J	Utility Bills or Cellular Service				300.00
Account No. xxx-xx-0159 Sir Finance Corporation 6140 N. Lincoln Avenue Chicago, IL 60659		J	8/05 Personal/Unsecured Loan				900.00
Account No. xxxxxxxxxx/xxxxxx6063 St. James Hospital 1423 Chicago Road Chicago Heights, IL 60411		J	2/05 Medical or Dental Services				32.22
Sheet no. 10 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 1,251.22

Form B6F - Cont.
(12/03)

In re **Leonard Hood,
Sabrina Hood**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Additional Notice: St. James Hospital						
Account No. xxxxxx7280						
St. James Hospital 1423 Chicago Road Chicago Heights, IL 60411		J				
						262.60
Account No.						
Additional Notice: St. James Hospital						
Account No. xxxxxxxxxx/xxxxxx7347						
St. James Hospital 1423 Chicago Road Chicago Heights, IL 60411		J				
						110.53
Account No.						
Additional Notice: St. James Hospital						
Sheet no. 11 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						373.13

Form B6F - Cont.
(12/03)

In re **Leonard Hood,
Sabrina Hood**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. xxxxxx1165	J	6/05 Medical Bill				71.27	
St. James Hospital 20201 South Crawford Drive Olympia Fields, IL 60461							
Account No.		AMS P.O. Box 19617 Indianapolis, IN 46219					
Additional Notice: St. James Hospital							
Account No. xxxxxx6197	J	01/04 Medical Bills				100.00	
St. James Hospital 1423 Chicago Road Chicago Heights, IL 60411							
Account No.		Mutual Hospital Services PO Box 19828 Indianapolis, IN 46219-0828					
Additional Notice: St. James Hospital							
Account No. xxxxxxxxxx/xxxxxx0544	J	05/04 Medical Bill-Multiple				212.63	
St. James Hospital 1423 Chicago Road Chicago Heights, IL 60411							
Sheet no. <u>12</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	383.90

Form B6F - Cont.
(12/03)

In re **Leonard Hood,
Sabrina Hood**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Additional Notice: St. James Hospital		Mutual Hospital Services P.O. Box 19828 Indianapolis, IN 46219-0828				
Account No. xxxxxx4011 St. James Hospital 1423 Chicago Road Chicago Heights, IL 60411	J	9/05 Medical Services				123.00
Account No. xxx-xx-0159 The Associates H/L 9528 S. Cicero Ave. Oak Lawn, IL 60453	J	07/04 Personal/Unsecured Loan				300.00
Account No. Additional Notice: The Associates H/L		Truelogic Financial Co. P.O. Box 4437 Englewood, CO 80155				
Account No. xxxxxx5914 Toyota Motor Credit 1111 W. 22nd Street Oak Brook, IL 60523	J	6/96 Deficiency on Repossessed/Surrendered Vehicle				3,100.00
Sheet no. 13 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						3,523.00

Form B6F - Cont.
(12/03)

In re **Leonard Hood,
Sabrina Hood**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Additional Notice: Toyota Motor Credit						
		Vital Recovery Services P.O. Box 92347 Norcross, GA 30010				
Account No. xxxxxxxxxx2002						
Verizon Wireless 1515 Woodfield Rd 10th Floor Schaumburg, IL 60173		J				1,100.00
Account No.						
Additional Notice: Verizon Wireless						
		Portforlio Recovery P.O. Box 12914 Norfolk, VA 23541				
Account No. xxxxx0159						
William Reed 2600 S. King Drive Chicago, IL 60616		J				162.50
Account No.						
Additional Notice: William Reed						
		ACL Laboratories P.O. Box 27901 Milwaukee, WI 53227				
Sheet no. 14 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,262.50
(Report on Summary of Schedules)						Total 38,422.26

In re **Leonard Hood,
Sabrina Hood**

Case No. _____

Debtors

SCHEDULE G. EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described.

NOTE: A party listed on this schedule will not receive notice of the filing of this case unless the party is also scheduled in the appropriate schedule of creditors.

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

In re **Leonard Hood,
Sabrina Hood**

Case No. _____

Debtors

SCHEDULE H. CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. In community property states, a married debtor not filing a joint case should report the name and address of the nondebtor spouse on this schedule. Include all names used by the nondebtor spouse during the six years immediately preceding the commencement of this case.

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

0 continuation sheets attached to Schedule of Codebtors

In re **Leonard Hood**
Sabrina Hood

Case No. _____

Debtor(s)

SCHEDULE I. CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP	AGE
Single	Son	10
	Daughter	15

EMPLOYMENT		DEBTOR	SPOUSE
Occupation	Clerk		Registrar
Name of Employer	US Post Office		ST JAMES
How long employed	19 years		7 years
Address of Employer	433 W. Harrison Chicago, IL 60607		1423 CHICAGO ROAD CHICAGO HEIGHTS, IL 60411

INCOME: (Estimate of average monthly income)

Current monthly gross wages, salary, and commissions (pro rate if not paid monthly)

Estimated monthly overtime

	DEBTOR	SPOUSE
	\$ 4,002.35	\$ 2,390.14
	\$ 0.00	\$ 0.00

SUBTOTAL

\$ 4,002.35	\$ 2,390.14
--------------------	--------------------

LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

b. Insurance

c. Union dues

d. Other (Specify) **See Detailed Income Attachment**

\$ 541.67	\$ 354.14
\$ 138.67	\$ 0.00
\$ 0.00	\$ 0.00
\$ 813.65	\$ 93.37

SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 1,493.99	\$ 447.51
--------------------	------------------

TOTAL NET MONTHLY TAKE HOME PAY

\$ 2,508.36	\$ 1,942.63
--------------------	--------------------

Regular income from operation of business or profession or farm (attach detailed statement)

Income from real property

Interest and dividends

Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

Social security or other government assistance
(Specify) _____

\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00

Pension or retirement income

Other monthly income

(Specify) _____

\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00

TOTAL MONTHLY INCOME

\$ 2,508.36	\$ 1,942.63
--------------------	--------------------

TOTAL COMBINED MONTHLY INCOME

\$ **4,450.99**(Report also on Summary of
Schedules)

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:

Form B61
(12/03)

In re Leonard Hood
Sabrina Hood Debtor(s) Case No. _____

SCHEDULE I. CURRENT INCOME OF INDIVIDUAL DEBTOR(S)
Detailed Income Attachment

Other Payroll Deductions:

Mandatory Pension	\$ 267.00	\$ 71.70
Child Support	\$ 546.65	\$ 0.00
Insurnace	\$ 0.00	\$ 21.67
Total Other Payroll Deductions	\$ 813.65	\$ 93.37

In re Leonard Hood
Sabrina Hood Debtor(s) Case No. _____

SCHEDULE J. CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

Rent or home mortgage payment (include lot rented for mobile home)		\$	<u>0.00</u>
Are real estate taxes included?	Yes <u>X</u> No _____		
Is property insurance included?	Yes <u>X</u> No _____		
Utilities:		\$	
Electricity and heating fuel		\$	<u>300.00</u>
Water and sewer		\$	<u>70.00</u>
Telephone		\$	<u>100.00</u>
Other <u>Cell</u>		\$	<u>130.00</u>
Home maintenance (repairs and upkeep)		\$	<u>75.00</u>
Food		\$	<u>500.00</u>
Clothing		\$	<u>100.00</u>
Laundry and dry cleaning		\$	<u>30.00</u>
Medical and dental expenses		\$	<u>35.00</u>
Transportation (not including car payments)		\$	<u>250.00</u>
Recreation, clubs and entertainment, newspapers, magazines, etc.		\$	<u>0.00</u>
Charitable contributions		\$	<u>0.00</u>
Insurance (not deducted from wages or included in home mortgage payments)			
Homeowner's or renter's		\$	<u>0.00</u>
Life		\$	<u>0.00</u>
Health		\$	<u>0.00</u>
Auto		\$	<u>160.00</u>
Other _____		\$	<u>0.00</u>
Taxes (not deducted from wages or included in home mortgage payments)			
(Specify) _____		\$	<u>0.00</u>
Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan.)			
Auto		\$	<u>0.00</u>
Other _____		\$	<u>0.00</u>
Other _____		\$	<u>0.00</u>
Other _____		\$	<u>0.00</u>
Alimony, maintenance, and support paid to others		\$	<u>100.00</u>
Payments for support of additional dependents not living at your home		\$	<u>0.00</u>
Regular expenses from operation of business, profession, or farm (attach detailed statement)		\$	<u>0.00</u>
Other <u>Personal grooming, haircuts</u>		\$	<u>150.00</u>
Other _____		\$	<u>0.00</u>
TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)		\$	<u>2,000.00</u>

[FOR CHAPTER 12 AND 13 DEBTORS ONLY]

Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.

A. Total projected monthly income		\$	<u>4,450.99</u>
B. Total projected monthly expenses		\$	<u>2,000.00</u>
C. Excess income (A minus B)		\$	<u>2,450.99</u>
D. Total amount to be paid into plan each	<u>Monthly</u>	\$	<u>2,450.00</u>
	(interval)		

**United States Bankruptcy Court
Northern District of Illinois**

In re **Leonard Hood
Sabrina Hood**

Debtor(s)

Case No.
Chapter

13

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 29 sheets *[total shown on summary page plus 1]*, and that they are true and correct to the best of my knowledge, information, and belief.

Date **October 7, 2005**

Signature **/s/ Leonard Hood**
Leonard Hood
Debtor

Date **October 7, 2005**

Signature **/s/ Sabrina Hood**
Sabrina Hood
Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

Form 7
(12/03)

**United States Bankruptcy Court
Northern District of Illinois**

In re **Leonard Hood
Sabrina Hood**

Debtor(s)

Case No.
Chapter

13

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs.

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE (if more than one)
\$50,000.00	Husband's Employment income - estimated 2003
\$20,000.00	Wife's Employment income - estimated 2003
\$52,000.00	Husband's Employment Income -estimated 2004
\$21,000.00	Wife's employment income from 2004
\$31,729.00	Husband's employment income from 2005 ytd
\$17,263.13	Wife's employment income from 2005 ytd

2. Income other than from employment or operation of business

None ☐ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
--------	--------

3. Payments to creditors

None ☐ a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within **90 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
---------------------------------	----------------------	-------------	-----------------------

None ☐ b. List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
--	-----------------	-------------	-----------------------

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
------------------------------------	----------------------	---------------------------------	--------------------------

None ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
---	-----------------	--------------------------------------

5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
---	--	--------------------------------------

6. Assignments and receiverships

None ☐ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
------------------------------	-----------------------	-----------------------------------

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
----------------------------------	--	------------------	--------------------------------------

7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
---	-----------------------------------	--------------	----------------------------------

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
--------------------------------------	--	--------------

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
The Law Offices of Ernesto D. Borges 105 W. Madison, Suite 2300 Chicago, IL 60602	2005	None other than as stated on 2016(b).

10. Other transfers

None ☒ List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
---	------	---

11. Closed financial accounts

None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
---------------------------------	--	------------------------------------

12. Safe deposit boxes

None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
--	---	-------------------------	---------------------------------------

13. Setoffs

None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
------------------------------	----------------	------------------

14. Property held for another person

None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
---------------------------	-----------------------------------	----------------------

15. Prior address of debtor

None ☐ If the debtor has moved within the **two years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
---------	-----------	--------------------

16. Spouses and Former Spouses

None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the **six-year period** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
---------------------------------------	---------------	-----------------------

18 . Nature, location and name of business

- None ☐ a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

NAME	TAXPAYER I.D. NO. (EIN)	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
------	-------------------------	---------	--------------------	----------------------------

- None ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
------	---------

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date **October 7, 2005**

Signature **/s/ Leonard Hood**
Leonard Hood
Debtor

Date **October 7, 2005**

Signature **/s/ Sabrina Hood**
Sabrina Hood
Joint Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

Document Page 39 of 52
United States Bankruptcy Court
Northern District of Illinois

In re **Leonard Hood**
Sabrina Hood

Debtor(s)

Case No.

Chapter

13

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$	2,700.00
Prior to the filing of this statement I have received.....	\$	400.00
Balance Due.....	\$	2,300.00

2. \$ **194.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:
☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:
☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
d. [Other provisions as needed]
Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding. Any post petition motions including the preparing, filing, arguing and appearing.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **October 7, 2005**

/s/ Ernesto D. Borges, Jr.

Ernesto D. Borges, Jr.
The Law Offices of Ernesto D. Borges Jr., P.C.
105 West Madison, 23rd Floor
Chicago, IL 60602
312/853-0200 Fax: 312/853-3130
EBorges105@aol.com

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS**

**RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN
CHAPTER 13 DEBTORS AND THEIR ATTORNEYS
(Model Retention Agreement)**

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure—but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to expect certain services to be performed by their attorneys, but again, debtors have responsibilities to their attorneys also. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved the following agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys. By signing this agreement, debtors and their attorneys accept these responsibilities.

BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

1. Discuss with the attorney the debtor's objectives in filing the case.
2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)

4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
6. Advise the debtor of the need to maintain appropriate insurance.

AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor will also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
3. Notify the attorney of any change in the debtor's address or telephone number.
4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, lottery winnings, or an inheritance).
6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.

THE ATTORNEY AGREES TO:

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.

3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
7. Timely prepare, file, and serve any necessary amended statements and schedules and any change of address, in accordance with information provided by the debtor.
8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
9. Be available to respond to the debtor's questions throughout the term of the plan.
10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
12. Object to improper or invalid claims.
13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
14. Timely respond to motions for relief from stay.
15. Prepare, file, and serve all appropriate motions to avoid liens.
16. Provide any other legal services necessary for the administration of the case before the bankruptcy court.

ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES [Check one option.]

☐ Option A: flat fee through confirmation

1a. *Pre-confirmation services.* Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case, unless otherwise ordered by the court. For all of the services outlined above, required to be provided before confirmation of a plan, the attorney will be paid a fee of \$ N/A. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for pre-confirmation services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

1b. *Post-confirmation services.* Compensation for services required after confirmation will be in such amounts as are allowed by the court, on application accompanied by an itemization of the services rendered, showing the date, time, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified that the debtor may appear in court to object.

2. *Early termination of the case.* Fees payable under the provisions set out above are not refundable in the event that the case is dismissed before confirmation (Option A) or completion of plan payments (Option B), unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If a dismissal is due to such a failure by the attorney, the court may order a refund of fees on motion by the debtor.

3. *Retainers.* The attorney may receive a retainer or other payment before filing the case, but may not receive fees directly from the debtor after the filing of the case. In any application for fees, whether or not requiring an itemization, the attorney shall disclose to the court any fees paid by the debtor prior to the case filing.

☒ Option B: flat fee through case closing

1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a fee of \$ 2,700.00. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

4. *Improper conduct by the attorney.* If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.

5. *Improper conduct by the debtor.* If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise not engaging in proper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.

6. *Discharge of the attorney.* The debtor may discharge the attorney at any time.

Date:

October 7, 2005

Total fee to be paid for attorney's services: \$ 2,700.00
(Do not sign if this line is blank.)

Signed:

/s/ Leonard Hood

Leonard Hood

/s/ Sabrina Hood

Sabrina Hood

Debtor(s)

/s/ Ernesto D. Borges, Jr.

Ernesto D. Borges, Jr.

Attorney for Debtor(s)

**United States Bankruptcy Court
Northern District of Illinois**

In re **Leonard Hood**
Sabrina Hood

Debtor(s)

Case No.
Chapter

13

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: 65

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **October 7, 2005**

/s/ Leonard Hood

Leonard Hood

Signature of Debtor

Date: **October 7, 2005**

/s/ Sabrina Hood

Sabrina Hood

Signature of Debtor

Ernesto D. Borges, Jr.
The Law Offices of Ernesto D. Borges Jr., P.C.
105 West Madison, 23rd Floor
Chicago, IL 60602

Leonard Hood
Sabrina Hood
455 E. 160th
South Holland, IL 60473

Account Management Service
PO Box 19617
Indianapolis, IN 46219-0617

Account Management Services
P.O. Box 662400
Indianapolis, IN 46266

ACL Laboratories
P.O. Box 27901
Milwaukee, WI 53227

Allied Interstate
3200 Northline Ave.
Greensboro, NC 27408

AMCA Collection Agency
RE: QUEST DIAGNOSTICS, INC,
P.O. Box 1235
Elmsford, NY 10523

American Medical Collection Agency
2269 S. Saw Mill River Rd.
Bld# 3
Elmsford, NY 10523

AMS
P.O. Box 19617
Indianapolis, IN 46219

Associated St. James Radiologists
P.O. Box 3597
Springfield, IL 62708

AT & T Credit Management
P.O. Box 57907
Salt Lake City, UT 84157

AT & T Long Distance Tertiary
P.O. Box 57907
Salt Lake City, UT 84157

Aurelia Pucinski
28 N. Clark
Rm# 200
Chicago, IL 60602

Capital One*
P.O. Box 85520
Richmond, VA 23285

CB USA, Inc.
P.O. Box 8000
Hammond, IN 46325-9998

Chicago Post Office Employment
Credit Union
10025 S. Western Ave.
Chicago, IL 60643

Chicago Tribune
435 N. Michigan Ave,
Chicago, IL 60611

CitiFinancial
11436 Cronhill Dr.
Owings Mills, MD 21117

Citifinancial Auto
P.O. Box 8021
South Hackensack, NJ 07606

CitiMortgage
27555 Farmington Rd.
Farmington, MI 48334

Citimortgage, Inc
P.O. Box 14451
Des Moines, IA 50306

CitiMortgage, Inc.
P.O. Box 183040
Columbus, OH 43218

Commonwealth Edison
Bill Payment Center
Chicago, IL 60668-0001

Consultant in Pathology
P.O. Box 9231
Michigan City, IN 46361

Creditors Collection Bureau, Inc.
P.O. Box 63
Kankakee, IL 60901-0063

Dependon Collection
7627 W Lake St, Suite 210
River Forest, IL 60305

Direct TV
PO Box 9001069
Louisville, KY 40290-1069

Dr. Edward M. Ruiz
17901 Governors Hwy
Homewood, IL 60430

Emergency Care Health Organ., Ltd.
555 W. Court, Ste. 410
Kankakee, IL 60901

Emergency Care Physician Svcs.
Dept 77 6989
Chicago, IL 60678

Harvard Collections
4839 N. Elston
Chicago, IL 60630

Heritage Community Bank
550 W. Sibley Blvd.
Dolton, IL 60419

Highland Recovery
P.O. Box 1541
Homewood, IL 60430

ICS Collection Service
P.O. Box 646
Oak Lawn, IL 60454-0646

Illinois Collection Service, Inc.
P.O. Box 646
Oak Lawn, IL 60454

Ingalls Memorial Hospital
1 Ingalls Drive
Harvey, IL 60426

JBC Legal Group, P.C.
2 Broad Street
6th Floor
Bloomfield, NJ 07003

Jewel Food Stores
c/o Heller & Frisone Ltd.
111 W. Washington St., Ste. 1650
Chicago, IL 60602

LHR Inc.
56 Main Street
Hamburg, NY 14075

Malhotra LLC
P.O. Box 970
Matteson, IL 60443

Merchants Credit Guide Co.
Incor Executive Office
223 W. Jackson Blvd.
Chicago, IL 60606

Midland Credit Management Inc.
Department 8870
Los Angeles, CA 90084-8870

Midwest Physician Group
P.O. Box 95401
Chicago, IL 60694

Mitsubishi Motor Credit
P.O. Box 0555
Carol Stream, IL 60132-0555

MRSI
2200 E. Devon Ave.
Des Plaines, IL 60018

Mutual Hospital Services
P.O. Box 663519
Indianapolis, IN 46266

Mutual Hospital Services
PO Box 19828
Indianapolis, IN 46219-0828

Mutual Hospital Services
P.O. Box 19828
Indianapolis, IN 46219-0828

NCO Financial Systems, Inc - Marlin
PO Box 8529
Philadelphia, PA 19101

NCO Financial Systems, Inc.
507 Prudential Road
Horsham, PA 19044

Payless
3231 S. E. 6th Ave.
Topeka, KS 66607

Portforlio Recovery
P.O. Box 12914
Norfolk, VA 23541

Quest Diagonstics
P.O. Box 64804
Baltimore, MD 21264-4804

RIDDLE & ASSOCIATES, P.C.
P.O. BOX 1187
SANDY, UT 84091

SBC
Bill Payment Center
Saginaw, MI 48663

Sir Finance Corporation
6140 N. Lincoln Avenue
Chicago, IL 60659

St. James Hospital
1423 Chicago Road
Chicago Heights, IL 60411

St. James Hospital
20201 South Crawford Drive
Olympia Fields, IL 60461

The Associates H/L
9528 S. Cicero Ave.
Oak Lawn, IL 60453

Toyota Motor Credit
1111 W. 22nd Street
Oak Brook, IL 60523

Truelogic Financial Co.
P.O. Box 4437
Englewood, CO 80155

Van Ru Credit Corp.
P.O. Box 1018
Matteson, IL 60443

Verizon Wireless
1515 Woodfield Rd 10th Floor
Schaumburg, IL 60173

Vital Recovery Services
P.O. Box 92347
Norcross, GA 30010

William Reed
2600 S. King Drive
Chicago, IL 60616